



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Wisconsin, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	
Fluoride treatments (including fluoride varnishes)	X			2 x year	
Sealants (list any tooth-specific limits)	X			1 x every 5 years	Covered for 1st and 2nd permanent molars
Space maintainers					



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			2 x year		
X-Rays						
Bitewing	X			2 x year		
Full Mouth	X			1 x every 3 years		
Panoramic	X			1 x every 2 years		



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				not to exceed four surfaces per tooth	
Tooth colored composite	X				not to exceed four surfaces per tooth	
Crowns/tooth caps						
Stainless steel crowns		X			Posterior loss of at least one major cusp, Anterior limited to cases involving endodontic treatment or loss of not less than 40% of the clinical crown and require prior authorization. X-rays must be submitted with the prior authorization request.	
Metal (only) crowns		X			Posterior loss of at least one major cusp, Anterior limited to cases involving endodontic treatment or loss of not less than 40% of the clinical crown and require prior authorization. X-rays must be submitted with the prior authorization request.	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Metal/porcelain crowns		X			Posterior loss of at least one major cusp, Anterior limited to cases involving endodontic treatment or loss of not less than 40% of the clinical crown and require prior authorization. X-rays must be submitted with the prior authorization request.	
Porcelain (only) crowns		X			Posterior loss of at least one major cusp, Anterior limited to cases involving endodontic treatment or loss of not less than 40% of the clinical crown and require prior authorization. X-rays must be submitted with the prior authorization request.	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)			X		Limited to permanent teeth and codes D3310, D3320 and D3330.	
Root canals on permanent teeth	X				1x per tooth per lifetime. Limited to permanent teeth and codes D3310, D3320 and D3330.	
Gum (periodontal) therapy						



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	Yes	Only with prior authorization	No			
Dentures						
Partial dentures						
Complete dentures						
Bridges						
Orthodontics*						
Retainers (orthodontic)						
Braces						
Oral surgery						
Simple extractions	X				Cases involving symptomatic teeth with clinical symptoms and/or signs of pathology, including acute or chronic pain, inflammation, infection or peri-radicular radiographic evidence of defect	
Surgical extractions	X				Cases involving symptomatic teeth with clinical symptoms and/or signs of pathology, including acute or chronic pain, inflammation, infection or peri-radicular radiographic evidence of defect	



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Care of abscesses	X				Cases involving symptomatic teeth with clinical symptoms and/or signs of pathology, including acute or chronic pain, inflammation, infection or peri-radicular radiographic evidence of defect	
Cleft palate treatment		X			Cases for which the function of speech, swallowing or chewing is restored	
Cancer treatment						
Treatment of fractures						
Biopsies						
Treatment of jaw joint problems (TMJ)						
Emergency room services provided by a dentist						
	X				Limited to services that cannot be performed in an office setting due to underlying medical conditions.	



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	Yes	Only with prior authorization	No			
Inpatient Hospital Services						
	X				Limited to services that cannot be performed in an office setting due to underlying medical conditions.	
Anesthesia						
General anesthesia						
Intravenous conscious sedation	X				The patient's medical/dental condition is such that IV/IM sedation can be safely performed in the office setting.	
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)					Inhalation sedation is administered by a dentist with formal post-graduate training in its administration. Inhalation sedation is limited to children under 13 years of age and as an adjunct to local anesthesia associated with oral surgery or operative dentistry.	

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).